

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/400, 296

FILING DATE

09/21/99

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51			101		150	
2							52			102		151	
3							53			103		152	
4							54			104		153	
5							55			105		154	
6							56			106		155	
7							57			107		156	
8							58			108		157	
9							59			109		158	
10							60			110		159	
11							61			111		160	
12							62			112		161	
13							63			113		162	
14							64			114		163	
15							65			115		164	
16							66			116		165	
17							67			117		166	
18							68			118		167	
19							69			119		168	
20							70			120		169	
21							71			121		170	
22							72			122		171	
23							73			123		172	
24							74			124		173	
25							75			125		174	
26							76			126		175	
27							77			127		176	
28							78			128		177	
29							79			129		178	
30							80			130		179	
31							81					180	
32							82			131		181	
33							83			132		182	
34							84			133		183	
35							85			134		184	
36							86			135		185	
37							87			136		186	
38							88			137		187	
39							89			138		188	
40							90			139		189	
41							91			140			
42							92			141			
43							93			142			
44							94			143			
45							95				144		
46							96			145			
47							97	1		146			
48							98			147			
49							99			148			
50							100			149			
TOTAL IND.							TOTAL IND.					4	
TOTAL DEP.							TOTAL DEP.					185	
TOTAL CLAIMS							TOTAL CLAIMS					189	

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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